

**GEORGIA BOARD OF PRIVATE DETECTIVES
& SECURITY AGENCIES
237 COLISEUM DRIVE
MACON, GA 31217
TELEPHONE 478.207.2440
www.sos.ga.gov/plb/detective**

DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

INITIAL _____ **DATE** _____

APPLICATION FOR WEAPON PERMIT \$25.00 FEE

REASON FOR THIS APPLICATION:

☐ **INITIAL APPLICATION FOR
A WEAPON PERMIT**

☐ ***CHANGE WEAPON TYPE
ON MY CURRENT PERMIT**

***CHECK THIS BLOCK TO CHANGE
FROM EXPOSED TO CONCEALED**

☐ **ADD A WEAPON TYPE TO
MY CURRENT PERMIT**

TYPE OF WEAPON APPLIED FOR:

EXPOSED : ☐

☐ **SHOTGUN**

CONCEALED : ☐

EMPLOYEE NAME:

REGISTRATION NO.*

FIRST

MIDDLE

LAST

***FOR CHANGE
APPLICATIONS ONLY**

COMPANY AFFILIATION

COMPANY NAME

THIS SECTION MUST BE COMPLETED

COMPANY LICENSE NUMBER

ADDRESS(STREET, SUITE #)

CITY

STATE

ZIP CODE

COMPANY TELEPHONE NUMBER

TRAINING INFORMATION

PLACE & DATE OF CLASSROOM INSTRUCTION

INSTRUCTOR

LICENSE NO.

PLACE & DATE OF FIREARMS INSTRUCTION

INSTRUCTOR

LICENSE NO.

BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

TRAINING AFFIDAVITS

I have read Board Rule 509-4-.01(1) & (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.

DATE

SIGNATURE OF THE APPLICANT

STATE OF GEORGIA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Standard Practical Pistol Course.

DATE

SIGNATURE AND TITLE OF THE EMPLOYER

STATE OF GEORGIA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

EMPLOYER REQUEST FOR CONCEALED WEAPON PERMIT

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon must be made, with complete justification in support of the request.

TO : Georgia State Board of Private Detective & Security Agencies

FROM :

Print Name of License Holder for the Company

Company Name and License Number

RE : Request for Concealed Weapon Permit

I hereby make request for a concealed weapon permit to be issued to _____.

Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a weapon in a concealed manner:

I certify and declare that the information presented in this request for a concealed weapon permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

EMPLOYER REQUEST FOR SHOTGUN PERMIT

This form must be completed by the employer and accompanied by an application for a shotgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a shotgun must be made, with complete justification in support of the request.

I hereby make request for a shotgun permit to be issued to _____.

Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a shotgun:

I certify and declare that the information presented in this request for a shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA

COUNTY OF _____

SIGNATURE OF THE LICENSE HOLDER

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____